

2013

Human Rights Committee Manual

Where People Come First

Mission Statement

- To improve lives by connecting people with supports and services.

Vision Statement

- People experiencing the highest quality of life regardless of the challenges



Human Rights Committee Manual

Parsons State Hospital and Training Center

Table of Contents

I. Overview.....	3
II. Rights and Responsibilities.....	4
III. Behavior Program Restrictions.....	6
IV. Grievance Procedures.....	7
V. Cottage Visits.....	9
VI. Members	10
VII. Forms	11

I. Overview

The Human Rights Committee provides oversight and review for the purpose of ensuring that the rights of residents at Parsons State Hospital and Training Center are respected and protected. Residents have the same rights as all other citizens. These include freedom of speech, religion, association, equal opportunity, and equal protection under the law.

Due to special circumstances, some rights may need to be restricted. Rights restrictions are not limited without due process. Each resident is guaranteed the opportunity to be heard and treated fairly. There are several ways a resident can have input on a rights restriction including: input in the development of a behavior program, input during the Individual Program Plan (IPP) meeting, filing a Grievance, and talking to any staff member at any time regarding their concerns.

Behavior programs go through due process. The program is reviewed and approved by the Person, their Guardian, the Psychologist Peer Review, Human Rights Committee, and the Superintendent. Every year at the person's IPP it is reviewed with new consents signed by the Guardian and the Person.

If a resident feels a right has been restricted unfairly or that they have been treated unfairly they can file a grievance. The grievance form is first reviewed by the Director of Social Work to see if mediation is a possible tool. If mediation fails, or not believed to be the best course of action for the resident, the grievance is heard by the Grievance Hearing Panel.

The Human Rights Committee and Grievance Process provides due process for residents concerning rights and treated fairly while at Parsons State Hospital and Training Center

The Human Rights Committee is made-up of residents, staff, and community members who have training or experience with issues and decisions regarding human rights. The committee meets on a regular basis in order to ensure all resident rights are supported and protected. Committee minutes, behavior program reviews and grievance reviews documentation are maintained in the Director of Social Work's office.

II. Rights and Responsibilities

Residents have the same rights as all other citizens. They are also provided opportunities to exercise responsibilities that accompany their rights.

Their rights include:

- *Right to learn and get access to information about rights and freedoms.
- *Right to freedom of speech.
- *Right to vote.
- *Right to religious preference.
- *Right to live the way they want - where and with whom.
- *Right to privacy.
- *Right to affordable housing or ownership of property.
- *Right to employment and equal pay jobs.
- *Right to education and attend public school until age 22.
- *Right to relationships; family, friends, marriage, parenting.
- *Right to government information.
- *Right to be safe.
- *Right to their own opinions.
- *Right to be treated as an equal.
- *Right to medical treatment and information.
- *Right to have personal information kept confidential.
- *Right to be respected by others.
- *Right to lobby, protest, and demonstrate about rights.
- *Right to choose.
- *Right to freedom of movement
- *Right to their own possessions.
- *Right to live in the least restrictive environment.
- *Right to public transportation.
- *Right to handle their own money.
- *Right to select services.
- *Right to public services.
- *Right to environments used by the general public.
- *Right to due process.

The exercise of all rights is not limited when a resident has a guardian. Guardianship is not extended beyond the areas needed by the resident. The need for guardianship is reviewed annually.

Residents have the opportunity to identify which rights are the most important to them. PSH assists each resident to exercise their rights by providing information, education and discovery.

Resident responsibilities and the opportunity to exercise these rights are equally important. Responsibilities define expectations for behavior. They include: following the rules and regulations of the campus and government, telling staff what they need, participating fully in planning meetings, treating others with respect, and participating in their own goal and expectation planning.

III. Behavior Program Restrictions

The committee reviews, approves or denies, and monitors all restrictive programs and procedures. Each cottage is assigned a Human Rights Representative. The resident, Human Rights Representative, psychologist, guardian, and others as deemed appropriate are involved in the development of the plan. The plan must contain supports to reinstate a restricted right. All staff supporting the person are trained on the restriction prior to the implementation of a rights restriction. The committee assures that restrictive procedures are used only for protection from harm and not for staff convenience or control.

The committee also reviews and approves or denies the use of medication to change behavior. This includes the use of medication for research purposes.

Plans that contain limitations, restrictions, or the use of behavior medication are reviewed at least annually. The committee maintains a record of its actions. This documentation includes minutes from the Human Rights meetings, participation in behavior program planning, 30 day program reviews, and annual Individual Program Plans.

Rights that are restricted that are not included in a Behavior or Relapse program are recorded on the Rights Restriction or Locked Door Information sheet. (See the Form under VII. Forms.)

IV. Grievance Procedures

The intent of the grievance process is to assure individuals receiving services at Parsons State Hospital & Training Center (PSHTC) are treated fairly and their rights are protected through due process. Residents may file a grievance without fear of getting into trouble.

Examples of rights violations or being treated unfairly:

- Disagreement with a team or staff decision which restricts the individual's civil and legal rights or personal freedoms. Examples include, but are not limited to the ability of the person to do the following:
 - Manage their own money
 - Move freely
 - Send and receive mail
 - Make and receive telephone calls or use other means of communication in private
 - Access to personal items
 - Visiting and being visited by whomever they choose
 - Vote
- Disagree with a behavior support plan
- Restrictions about medical recommendations, treatments or diets

Grievance Process Steps

STEP 1

Individuals who have a disagreement or problem with others are encouraged to speak directly with that person and/or a representative of the cottage support team (QDDP, CTS, Psychologist, Social Worker, etc.) to see if the problem can be resolved. The team representative and individual are encouraged to use the form to:

- Identify the concern and details about the incident
- Identify what rights the person (resident) feels have been violated
- Identify what outcomes the person (resident) wants to resolve the problem
- Indicate whether (resident) is satisfied the problem has been resolved or still feels there is a problem
- Send the completed form to the Director of Social Work.
- The resident may ask anyone he/she chooses to assist filling out the form (staff, social worker, Human Rights representative, friend, etc.). A resident may also call the Director of Social Work directly for assistance in filling out a grievance.
- Upon receiving the Grievance Form, the Director of Social Work will contact the individual to discuss the next step (e.g. confirm the person is satisfied and considers grievance settled or discuss next step).

STEP 2

The Director of Social Work will look into the grievance or refer the grievance back to a team representative for further review and problem resolution with the person. The Director of Social Work will determine the appropriate team member or programming staff to refer the grievance to (such as QDDP, CTS, Psychologist, Social Worker, Program Director, etc.).

- *The information in Step 2 is to be completed and returned to the social worker within 10 days.*
- The Director of Social Work will confirm with the individual whether the grievance is settled or not.

STEP 3

If the person filing the complaint is still not satisfied, the Director of Social Work reviews the information and may recommend Mediation or a Hearing by a Grievance Hearing Panel. The Director of Social Work may also decide the grievance is not appropriate for either and provide a summary regarding the decision.

- *The response is to be returned within 10 working days.*
- **Mediation Protocol:** If grievance is forwarded to mediation, a mediator will be assigned to help facilitate discussion to help resolve the problem. If a resolution is agreed to, a contract will be signed by both parties. If both parties cannot come to resolution, the Director of Social Work will be notified to decide whether to continue with mediation or forward the matter to a Grievance Hearing Panel.
- **Grievance Hearing Panel Protocol:** If the issue is forwarded to the Grievance Hearing Panel, the Director of Social Work will convene a Grievance Hearing Panel comprised of at least three Human Rights Committee members with at least one being a community member and at least one being a person who is or has received services at PSHTC. The Director of Social Work will assign a chair for the committee. The Chair will provide the Director of Social Work with the findings of the hearing, in writing which will be distributed to all parties within 10 days. The parties involved will all be invited to the hearing.

FINAL DECISION

The resident may appeal a summary decision made by the Director of Social Work or the Grievance Hearing Panel. The Director of Social Work will submit the completed grievance form (Steps 1 – 3) to the Superintendent. The Superintendent will render a final decision within 10 days. All parties involved will be notified of the decision.

*Days are counted as normal working days – Monday through Friday.

The primary purpose of the grievance process is to help assure rights are protected. This means there may be situations when a resident disagrees with another person or has a problem, but their rights have not been violated. This means the grievance problem will **not** be the best way to help resolve the problem.

Here are some examples of problems which are not intended for the grievance process:

- A person who smokes may run out of cigarettes and not have enough money to purchase more cigarettes. Although the person might be upset or frustrated, the person's rights are not being violated if they don't have enough money to buy cigarettes.
- A person and their roommate may not agree on which TV show to watch. Although both may be upset, people can have disagreements without anyone's rights being violated; especially when they share living or working spaces. Everyone has rights and responsibilities; even when they disagree.

Forms can be found on the home page under human rights or on the cottage. If you cannot locate a form, please call the Director of Social Work at ext. 1788 and they will assist you.

V. Cottage Environmental Visits

In addition to protecting the rights of residents, members of the Human Rights Committee are asked to oversee the living conditions of the cottages. Team members are assigned to a cottage to review the living arrangement as least quarterly. A community member will tour each cottage at least annually with another human rights committee member.

The review consists of looking at the “homey” atmosphere of the cottage. Considerable effort is to be made by the staff to ensure that the cottage is decorated in a manner that is pleasing to the residents. Furnishings and decorations should reflect the interests of those residents residing on the cottage. All areas of the environments should be accessible. Proper modifications should be in place to allow for easy access. Equipment, supplies, and leisure activities should be readily available.

The Human Rights Reps will also do a random check of locked doors on each cottage quarterly.

Findings of the reviews are noted on the Positive Environment Checklist form. (A copy of the form is included in the VII. Forms section and available on the forms directory.) The form is then sent to the Director of Social Work for review and the Director of Social Work will forward to the Program Directors and Cottages.

The locked door form is individualized per cottage and copies can be found with the Director of Social Work. It is also sent to the cottages and Program Directors by the Director of Social Work.

VI. Members

Members of the Human Rights Committee are appointed by the Superintendent. Members include residents, staff, and community members who have training or experience with the issues and decisions regarding human rights. Community membership will be comprised of at least 33% of the membership.

Current Members Include:

Community Volunteers:

COATNEY, SHARI
FLORA, HEIDI
HALL, JOYCE
HIGGINSON, WYMETTA
JAQUINOT, JAN
KLEIN, RUTH
ROBINSON, JUDY
SANCHEZ, VIRGINIA
SALYERS, DIANE
WEST, KARI
WOLF, PAUL

Residents:

Tina Latta
Cindy Gelvin
Bobby Farr
James Fox
Tiffany Martin

Staff:

Karen VanLeeuwen
Marlys Shomber-Jones
Jennifer Blackburn
Kristie Richards
Cheryl Brees
Brenda Hughes
Marlys Shomber-Jones
David Smith
Tammy Auman, Tiffany Martin,
Tina Latta, & Cindy Gelvin
Gloria Young
Arlice Smith
Arlice Smith
Liz Munding
Val Carnahan

Cottage Assignment

Aspen
Ash
Birch
Cedar
Elm
Hickory
Holly

Hospital
Oak
Pine
Spruce

A resident may request assistance from their assigned Human Rights Committee Representative or any member of the Human Rights Committee.

VII. Forms

- A. Rights Restriction or Locked Door Information
- B. Grievance Form
- C. Positive Environment Checklist

RIGHTS RESTRICTION OR LOCKED DOOR INFORMATION

RESIDENT NAME/ COTTAGE:	DATE:
Describe the rights restricted or door locked:	
Reason for restriction or locked door:	
What has been tried:	
Plan to reduce or eliminate restriction:	
When will restriction be reviewed?	
Contact person for followup:	

Email or mail this form to Karen VanLeeuwen, Director of Social Work.

**Parsons State Hospital & Training Center
Grievance Form for Individuals Receiving Services (Residents)**

Resident Name (Please Print): _____

STEP 1 – Identify Concern and Informal Resolution (if possible)

A. Resident’s statement:

- 1) Describe what happened that makes you feel you are not being treated fairly.

- 2) When did the incident occur? _____

- 3) Where did the incident occur? _____

- 4) What rights do you feel have been violated?
 - Disagreement with a team or staff decision which restricts the individual’s civil and legal rights or personal freedoms. Examples include, but are not limited to the ability of the person to do the following:
 - Manage own money
 - Move freely
 - Send and receive mail
 - Make and receive telephone calls or use other means of communication in private
 - Access to personal items
 - Visiting and being visited by whomever they choose
 - Vote
 - Disagree with a behavior support plan
 - Restrictions about medical recommendations, treatments or diets
 - Other? (Please explain)

B. What outcome do you want?

- 1) Who did you talk with about this concern? _____
- 2) What was the outcome? (If possible the individual and staff are encouraged to try and resolve the issue to the satisfaction of the resident).

After talking with my staff/team members (Check one answer)

- () I am satisfied and consider the grievance settled.
() I am **not** satisfied and want a formal written response from my Team/QDDP

Signature(s) - Resident and/or person filling out grievance form

Date

Send to Director of Social Work or call Ext. 1788

C. Follow-up to confirm satisfaction or identify next steps made by

_____ **on** _____
Director of Social Work Signature *Date*

Resident Name (Please Print): _____

Step 2 – Formal Team Response

Team Response: The above grievance was received by me on _____ and my response is as follows: *(Section 2 to be completed and returned to Director of Social Work within 10 working days).*

Team Representative Signature

Date

- I am satisfied with this response and consider grievance to be settled.
 I am **not** satisfied with this response and request an appeal with someone outside my team (Mediator or Grievance Hearing Panel).

Resident Signature

Date

Step Three – Appeal Outside Team

Director of Social Work Response: The above grievance was received by me on _____, and my response is as follows: *(Section 3 to be completed within 10 working days).*

Director of Social Work Signature

Date

- I am satisfied with this response and consider grievance to be settled.
 I am **not** satisfied with this response and request an appeal to the Superintendent.

Resident Signature

Date

Final Decision

Superintendent's Response: The above grievance as received by me on _____ and my decision is as follows: *(Final Decision Section to be completed and returned to Director of Social Work within 10 working days.)*

Superintendent Signature

Date

POSITIVE ENVIRONMENT CHECKLIST

Cottage: _____ Date: _____ Team Member _____

1. Is the outside physical setting clean and attractive? <i>Click here to enter text.</i>	Yes _____ No _____
2. Are the inside public areas clean and attractive? <i>Click here to enter text.</i>	Yes _____ No _____
3. Are the bedrooms clean and attractive? <i>Click here to enter text.</i>	Yes _____ No _____
4. Are the bathrooms clean and attractive? <i>Click here to enter text.</i>	Yes _____ No _____
5. Is the cottage well lit? <i>Click here to enter text.</i>	Yes _____ No _____
6. Is the cottage Odor Free? <i>Click here to enter text.</i>	Yes _____ No _____
7. Is the furniture appropriate? i.e. none broken, no tears, holes, smell, etc. <i>Click here to enter text.</i>	Yes _____ No _____
8. Are there leisure items/materials for individual use, appropriately located, accessible? <i>Click here to enter text.</i>	Yes _____ No _____
9. Did you observe any restrictions, locked doors, cabinets, etc? <i>Click here to enter text.</i>	Yes _____ No _____
10. Do individuals have easy access to their personal possessions? <i>Click here to enter text.</i>	Yes _____ No _____
11. Do residents participate in community activities of their choice? <i>Click here to enter text.</i>	Yes _____ No _____
12. Is the cottage vehicle clean? <i>Click here to enter text.</i>	Yes _____ No _____
13. What is your overall impression/feeling about your visit? <i>Click here to enter text.</i>	
14. Staff/Resident Interaction? (i.e. overall feel, other observations) <i>Click here to enter text.</i>	
15. Did you ask about (At 30 Day reviews – do they have training objectives and/or service recommendations for: <i>Click here to enter text.</i>	Yes _____ No _____
Self Medication?	Yes _____ No _____
Money Management?	Yes _____ No _____
Adaptive Equipment?	Yes _____ No _____